



**BEST VALUE
INSURANCE
AGENCY, INC.**

1700 S. Campbell, Suite C
Springfield, MO 65807
Office: (417) 863-1096
Fax: (417) 863-8640
contracting@bviai.com

www.bviai.com

MEMORANDUM

To: _____ (hereinafter referred to as the “Agent”)
From: Best Value Insurance Agency, Inc. (hereinafter referred to as the “Company”)
Subject: BVIA Group Insurance Product Marketing Agreement (Per Group)
Date: Friday, October 13, 2006

The agent will agree to pay the company ____ of the agent level commissions on group coverage for the group stated below for insurance products he sold to the group that the company referred.

Vesting will be shared as the agent’s group contracts extend to the agent, and will be paid for the duration of the existing account.

Brokerage General Agent
Best Value Insurance Agency Inc

Agent Signature
____/____/_____
Date

Group Name



**HEALTH • LIFE • SENIOR PRODUCTS
ANNUITIES • RETIREMENT ACCOUNTS**

